

**SUPPLEMENTAL DECLARATION
FOR REISSUE
PATENT APPLICATION
TO CORRECT "ERRORS" STATEMENT
(37 CFR 1.175)**

| | |
|-------------------------------|------------------|
| Attorney Docket Number | 24, 954-09RE |
| First Named Inventor | Bushey, Bruce |
| COMPLETE if known | |
| Application Number | 10/693,525 |
| Filing Date | October 23, 2003 |
| Art Unit | 2837 |
| Examiner Name | Masih, Karen |

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identify theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | |
|--|---------------------|---|
| Name of Sole or First Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor |
| Given Name (first and middle [if any]) | | Family Name or Surname |
| Bruce | | Bushey |
| Inventor's Signature | <i>Bruce Bushey</i> | Date 2-5-2009 |
| Name of Second Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor |
| Given Name (first and middle [if any]) | | Family Name or Surname |
| Terry | | Schwartz |
| Inventor's Signature | | Date |

☒ Additional inventors or legal representatives(s) are being named on the 1 supplemental sheets PTO/SB/02A or 02LR attached hereto.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

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|---|-----------------|---|----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Richard | | Milun | |
| Inventor's Signature <i>Richard Milun</i> | | Date 2-28-09 | |
| Corcoran Residence: City | Minnesota State | US Country | US Citizenship |
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| Mailing Address | | | |
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| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Robert | | Erko | |
| Inventor's Signature | | Date | |
| Apple Valley Residence: City | Minnesota State | US Country | US Citizenship |
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| Mailing Address | | | |
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| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| John | | Haeg | |
| Inventor's Signature | | Date | |
| Minneapolis Residence: City | Minnesota State | US Country | US Citizenship |
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| Mailing Address | | | |
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
 24,954-09RE

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB/81.

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Correspondence Address: Direct all communications about the application to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Bruce Bushey

Inventor's signature

Date

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Citizenship

US

Mailing Address

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Full name of second joint inventor (given name, family name)

Terry Schwartz

Inventor's signature

Date

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Full name of third joint inventor (given name, family name)

Richard Milun

Inventor's signature

Date

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☒

Additional joint inventors are named on separately numbered sheets attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S)
 Supplemental Sheet

Page 1 of 1

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|---|--------------|---|-----|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Robert | | Erko | |
| Inventor's Signature <i>Robert Erko</i> | | Date <i>1-19-09</i> | |
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| Zip | 55124 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| John | | Haeg | |
| Inventor's Signature <i>John Haeg</i> | | Date <i>1/19/09</i> | |
| Residence: City | Minneapolis | State | MN |
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| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
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| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| Zip | | Country | |

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